

Amazing Just the Way You Are: Empowering Youth around Health, Not Weight

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- http://www.youtube.com/watch?v=lnOSZX4tpOA&feature=player_embedded#!

Balancing the Teeter-Totter





Outline

- Part 1 Setting the stage
- Part 2 The Silent Disease- ED
- Part 3 Do No Harm : Health Promotion Not Weight
- Part 4 Amazing Just the Way You Are : Integrating obesity and eating disorders prevention



Objectives

- 1. Examine the latest information in weight disorders: anorexia nervosa to obesity
- 2. List at least three causes of weight disorders
- 3. Identify how environmental factors impact weight disorders
- 4. Discuss strategies for health promotion based on the social- ecological model.



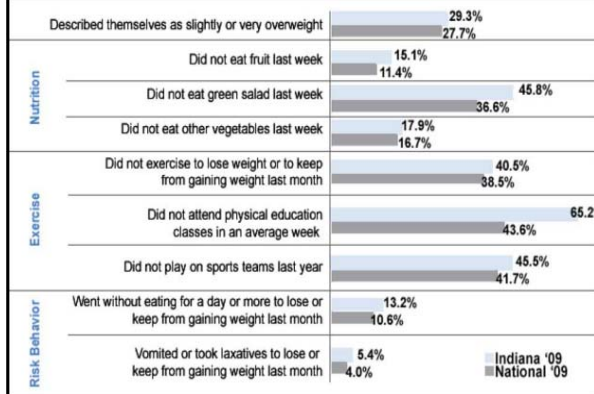
Strategy Objectives

- 1. Discuss at least 3 controversial areas of eating disorders and health promotion (obesity prevention) programs.
- 2. Identify at least 3 components of evidence-based programs and successful programs.
- 3. Be introduced to three or more activities of a peer-led program to reduce the thin ideal and/ or accept the healthy ideal for each unique individual.

Setting the Stage: Weight Disorders

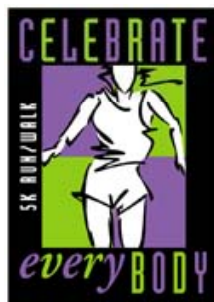
- 1 in 3 children in US is overweight or obese , triple the rate in 1963.
- Childhood obesity NO. 1 health concern of parents , topping drugs and smoking.
BUT
- People who are obese or at risk are more likely to use unhealthy weight loss practices (vomiting, diet pills, laxatives).

What about Indiana Kids ?




Serious Public Health Concerns

- High prevalence of weight related disorders



Eating Disorders


- Are real illnesses not choices
- 50- 80% have a genetic basis



Cholesterol Analogy

- A few of us - resilient
- Most of us - variable vulnerable
- Some of us- highly sensitive
- A few of us – predetermined

Social - Ecological Model



CDC Model



Childhood Obesity Issues

- Prevention of Obesity in children , yet parents do not see a problem !
- Health professionals advocate for BMI
- What can schools and communities do for prevention?
- Will obesity prevention and focus on eating habits increase eating disorders?



Definitions- Children

Overweight

- Body mass index (BMI) at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex.

Obesity

- Defined by BMI at or above 95th percentile for children of same age and sex.



NOT SO Fast!

- Consider both weight and body composition
- Overweight or over fat
- Lean body mass or large frame size
- BMI is a screening tool, further evaluation by health care provider
- (triceps skinfold, family history, activity)

CDC 2011

Health Risks

Eating Disorders

- Skeletal problems, stunted growth, osteoporosis
- Delayed menses
- Damage vital organs
- Nut. deficiencies, starvation
- Cardiac arrest
- Mental health concerns, depression, anxiety
- Addiction problems

Obesity

- Heart disease- HBP, stroke
- Respiratory disease
- Diabetes
- Skeletal problems, Arthritis
- Cancer
- Gall bladder disease
- Mental health concerns
- Addiction problems

Causes:

Genetic Disorders

- "If both parents are obese, a child has a 80% chance of being obese. Compared with a 50% chance if one parent is obese and a 10% chance if neither is obese (Barr, 1998).
- **Social Classes:** higher among low income groups (IPEMA, 2003).
- **Ethnic Groups:** higher among minority groups.

Causes:

- **Gender**
- **Lack Of Physical Activity**
- **Unhealthy Eating Patterns**
- **Endocrine- less than 1%**



Causes:

- **Lifestyle/environment**
 - "genes load the gun, the environment pulls the trigger" (Wadden, et al., 2002)
 - Example: Pima Indians/ Twins
- **Psychosocial factors –**
- **Poor Nutrition:**
 - Soft drink consumption 10% of the daily caloric intake

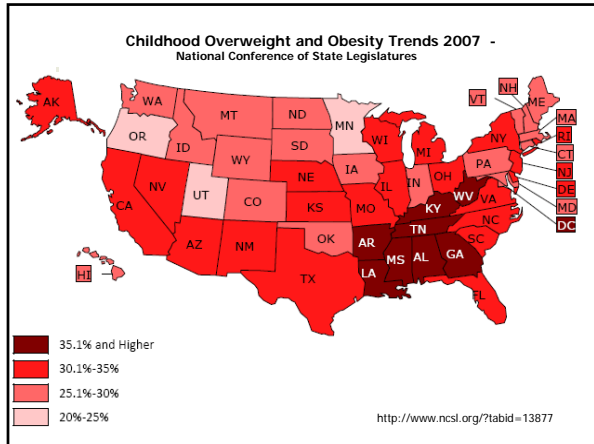


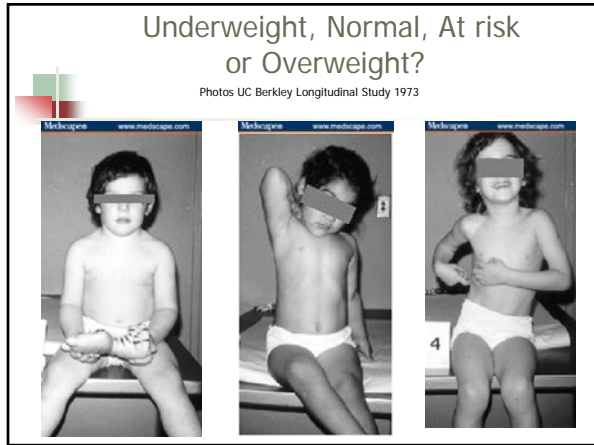
But Solutions!

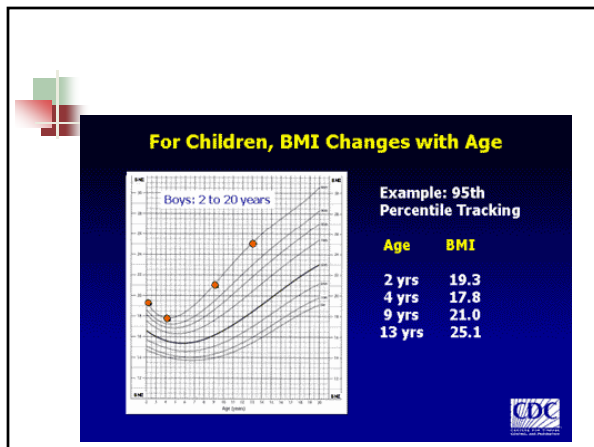


Breastfeeding and obesity

- <http://www.dshs.state.tx.us/obesity/growingcommunity/default.shtm>







Risk factors Eating Disorders What about obesity?

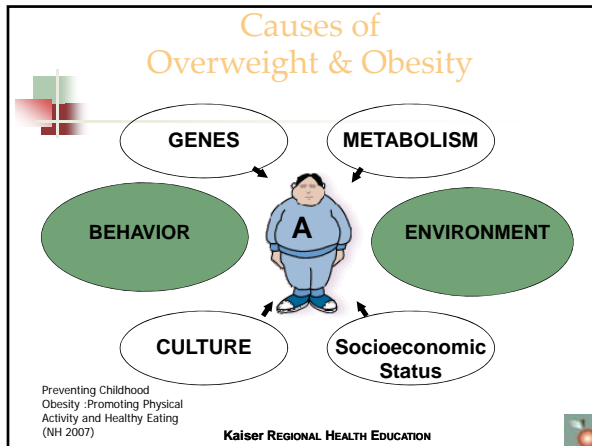
- Genetics
- Female
- Sports
- Dieting
- Home Environment
- Social Environment
- Low self esteem
- Socio-economic
- School (peers)
- Trauma/Stress
- Substance abuse
- Childhood anxiety
- Ethnicity
- Body Dissatisfaction
- Puberty
- Critical time periods

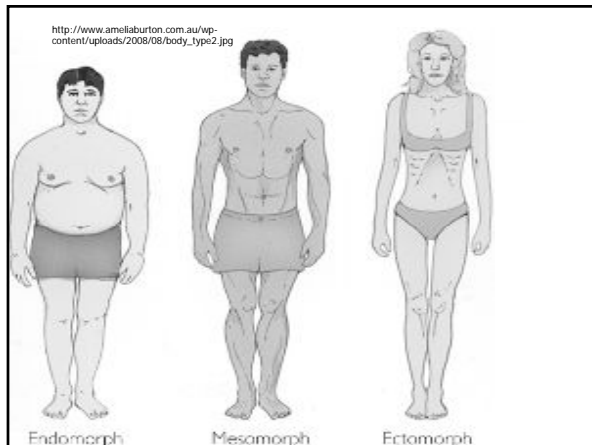
Effect of Overweight on Adolescents (Mass. Med. Society)

Variable	Overweight	Non-overweight
Married	28%	56%
Income	18,372	30,586
Below Poverty Level	32%	13%
Education	12.1 years	13.1 years
Finished College	9%	21%
Self-esteem	32.4	33.6

Assessment of Overweight Children and Adolescents


- Medical history –identify any underlying syndromes or complications
- Family history –identify risks overweight/obesity
- Dietary assessment- assess eating practices
- Physical activity assessment –assess daily activity levels





Genetics

- Genetics loads the gun and environment pulls the trigger



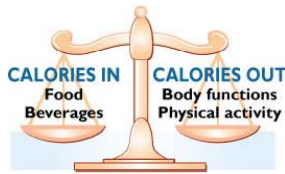
ED are Biopsychosocial Illnesses

■ The Bio-Genetics of Eating Disorders



photos.signonsandiego.com
Google.com

Environment



- "Contributing factors may include eating too many calories and a lack of physical activity"

CDC.gov

HEAL Action Plan NH, 2008.
www.cdc.gov/nccdphp/dnpa/obesity

Continuum of Weight Disorders





Shared Risk factors : Dieting

- 61.7% females 29.9% males trying to lose weight (2005 YRBSS)

children 6-11 20-56% girls, 31-39% boys

- Research suggests dieting behavior may be causally linked to both obesity and eating disorders



POLL



1. Indiana youth scored worse than the rest of the nation on measures of weight loss behaviors.

2. Indiana youth are more likely than their national peers to stop eating for 24 hours or vomit in an attempt to lose weight.

3. Breastfeeding reduces the risk of childhood obesity.

4. A serving size for protein i.e chicken for a 4-8 year old child is 2 oz. per serving.

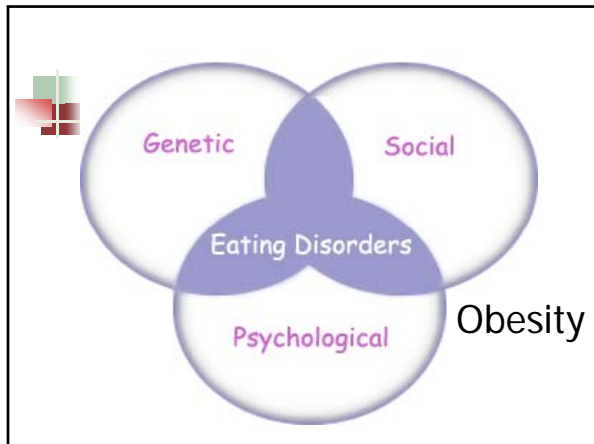
**Do No Harm: Moderating
the Message**

Part 1



Dove Campaign- Beauty
Pressure

- <http://www.youtube.com/watch?v=Ei6JvKOW60I>



DiETING , bingeing, purging and exercise alter neurochemistry

Three small images are shown: a woman in a purple dress standing on a scale, a woman eating from a bowl, and a woman in athletic wear running outdoors.

Disordered Eating

- Not formally defined
- Dissatisfaction strong enough which leads to leads to dieting
- Troublesome eating behaviors (restrictive, dieting, bingeing, purging)



Attitude public and media

Obesity: Indifference or blame

'Desperate' to Avoid Obesity

Schwartz's, in order not to be obese:

- 46% give up a year of life. 15% give up 10 years
- 15% said they'd rather be clinically depressed.
- Moreover, 10% of participants said they'd rather have an anorexic child than an obese child.

Marlene B. Schwartz, PhD, associate director
of Yale University's Rudd Center for Food
Policy and Obesity- on-line survey.



Part 2 The Silent Disease

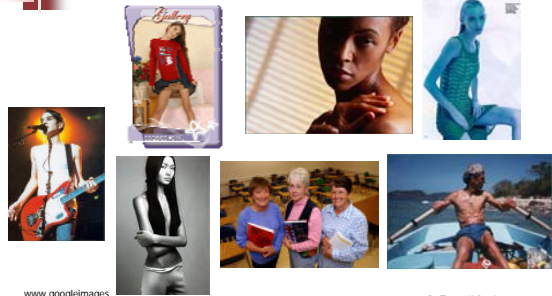


Eating Disorders

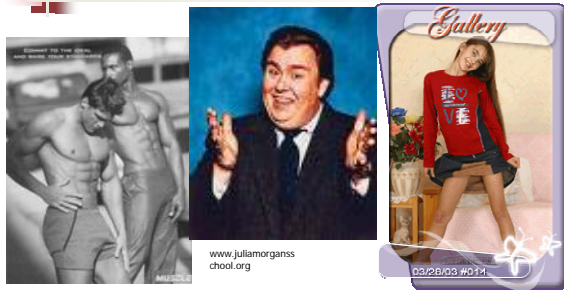
- Eating Disorders : Sympathy and Awe!
- Not taken seriously!
- 96% of Americans believe eating disorders are serious illnesses

GMI survey(2005)

Changing Faces of Eating Disorders



You can't tell by looking!!

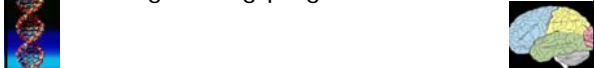


Eating Disorders with diagnostic criteria
(DSM IV –TR , 2001)

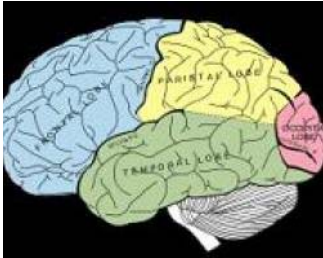
- Anorexia Nervosa
- Bulimia Nervosa
- Eating Disorders Not Otherwise Specified(EDNOS)

Anorexia Nervosa .5%

- Refusal to maintain body weight above 85% IBW
- Intense fear of gaining weight
- Body image disturbance or denial of seriousness of low weight
- Amenorrhea for 3 months
- Two Types: Restricting and Binge-eating/purge




NIH 2006
AN is a brain disease



- Imbalance brain circuitry- regulates emotions and rewards
- associated with sensations, pleasure from food.

Genetic and Familial Influences

- Not one gene, but the interaction of multiple genes !



“ Inheritability rate “

■ AN /BN 50-80 %

similar to autism	.8 - 1.0
schizophrenia	.5 - .9
bipolar	.3 - .8
depression	.5-.75
OCD	.5-.75

Models and Photo AN



modeling-
blog.modeling.net



1980's slide , unknown

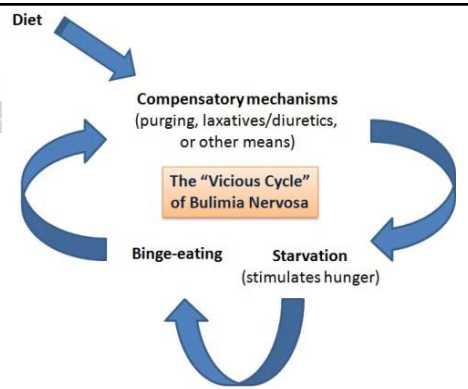
Bulimia Nervosa 1-3%

- Recurrent binge eating episodes(large amount w/loss of control)
- Recurrent use of inappropriate behaviors to prevent weight gain
(vomiting, fasting, laxatives, exercise, diet pills)
- Both bingeing and purging occur, on average, 2 times weekly for three months.



Bulimia Nervosa

- Self evaluation unduly influenced by weight/shape
- Does not meet criteria for anorexia nervosa
- Two types: Purging and Non-purging (fast, exercise)





EDNOS

- Another category those eating disorders other than AN and BN
- What it is NOT: a lesser diagnosis
- This is NOT less serious!



Eating Disorders NOS

- Has menses
- Normal weight
- Frequency less - < 2xweek or <3 m.
- Vomit after small amount food
- Chew and spit
- BED- binges w/o purging



Clinical Features EDNOS

- Restriction
- Binging
- Purging (includes exercise)
- Fear of weight or fatness
- Self valuation overly dependent on sense of size and shape
- 2 groups: meet criteria or different ways "atypical" or "mixed cases"



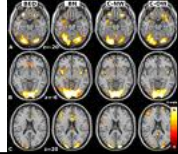
Concern about Weight





Binge Eating Disorder 1-3%

- Recurrent episodes of binge eating
 - 1) discrete period of time
 - 2) sense of lack of control



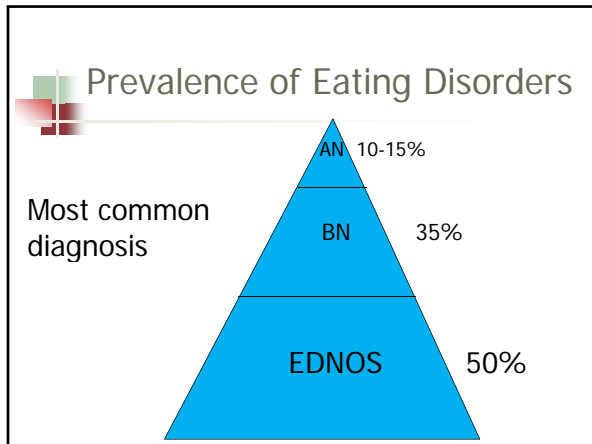


Binge Eating Disorder

- Associated with 3 or more of following:
 1. eating more rapidly than normal
 2. eating until uncomfortably full
 3. eating lg. amts. when not hungry
 4. eating alone because of embarrassment
 5. feeling disgusted with self, depressed or guilty



- Marked distress regarding binge eating is present
- Occurs at least 2 times a week for 6 months
- Not associated with inappropriate compensatory behaviors(purging, fasting, exercise) , not occur during AN or BN





Environment

- Toxic culture and body image

Moderation or Addictive Exercise Addiction

Children and Eating Disorders

- 50-60% have childhood anxiety before, obsession with body image
- 60-80% of AN & BN have 1 or more anxiety disorders
- Medical issues

Prevalence of body dissatisfaction, weight control behaviors, obesity, and eating disorders

	Teenage girls	Teenage boys
Unhealthy weight control behaviors	57%	33%
Dieting behaviors	55%	26%
Body dissatisfaction	46%	26%
Extreme weight control behaviors	12%	5%
Binge eating behaviors	17%	8%
Obesity	15%	15%
Overweight	15-20%	15-20%



Adolescents

	Girls	Boys
Binge eating disorder	3-5%	1-3%
Bulimia nervosa	1-3%	<1%
Anorexia nervosa	0.5%	<0.2%

Neumark-Sztainer, D. 2005. Project Eat



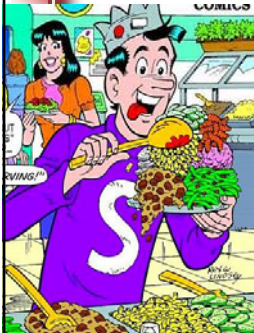
Males and Eating Disorders

- 8-10%, may be 25%





Binge Eating Disorder and Males



- Eating large amounts of food
- 40% of BED Male

Obsessive Compulsive Disorders



- Weight Training
- Diet
- Genetic
- Substance abuse /supplements

Psychiatric Disorders

- Attention Deficit Disorder
- Bipolar Disorder (more common with bulimia)
- Body Dysmorphic Disorder
- Chemical Dependency (Including prescription drugs, alcohol, street drugs)

- Depression, anxiety disorder
- Obsessive / compulsive disorder
- Post-traumatic stress disorder (self-harm)

■ ***Any combination. Poor nutrition also increase symptoms of other psychiatric disorders.***

■ Setnick, J. (2005). Eating Disorder Clinical Pocket Guide



Integrating Eating Disorders and Obesity

- Strategies
- Amazing Just the Way You Are



Poll



Myths or Truths

1. 50-80% of weight disorders have a genetic component.
2. Eating Disorders are a fad for teenage girls and they don't happen to males.
3. Death rate AN is higher than any other psychiatric disorder.
4. People who are obese or at risk are more likely to use healthy weight loss practices (vomiting, diet pills, laxatives).



Disturbing behaviors

- 40-60% see themselves as too heavy
- 60% diet regularly
- 45% smoke for weight control
- 70% girls feel shape is important for self esteem
- 50% exercise for shape or weight

Strober, M. Schneider,
M. (2005) . Just a Little
too Thin.



How are ED and obesity related?

- Part of a range of weight related disorders – move along the continuum
- Body dissatisfaction and unhealthy diet practices linked
- Binge eating
- Depression, anxiety and other mood disorders
- Environment



Relationship Obesity and Eating Disorders

- Obesity and Binge Eating Disorders
- Obesity as a risk for development of an eating disorder (childhood or parental obesity risk for BN)
- Weight control or dieting (ed , dieting a risk, obesity , dieting a solution)



- Is dieting a risk factor for obesity ?
- Neumark-Sztainer et al- teen girls diet more likely to gain weight and become obese than no-dieting peers.



Strategies

- Wellness
- Social ecological model
- Media literacy
- Body acceptance/Self esteem
- Healthy eating-healthy exercise



Environmental

- The more time we spend looking at magazines the worse we feel about our bodies.
- Susceptibility



Douglas, A. Douglas, J. (2002) Girl Zone: Body Talk, Maple Tree Press.

"School can trigger for some students"

- **Avoid scare tactics**
- **Teach parents as well**
- **Avoid sweeping generalizations**
- **Remain body positive**



Roger's Hospital, WI 2011

Weight related teasing



- Associated binge eating and disordered eating

Depressive symptoms or body dissatisfaction

Binge eating can be a risk for weight gain & obesity

Body Dissatisfaction

- One of most consistent risk factors in ED -- 3 ways:
 1. Increased attempts to reach thin ideal
 2. contributes to negative affect i.e. anxiety, depression leads to binge eating & purging
 3. May directly promote development of ED

Breastfeeding reduces childhood obesity

- Greatest protection when only breastfeeding for 3 months
- CDC estimate 15%-20% of obesity could be prevented



Fitness over weight!



Dave Alexander, BMI 40, 5'8" 260 lbs.

Weight Stigma and Obese Children



- Society blames individual
- Poor self- concept
- Kids do not participate in physical activity
- 2-3 X more likely suicide thoughts

Size acceptance in dogs! Why not people?




Prevention


- **Prevention-** primary, secondary, tertiary
- **Universal prevention** – all individuals in a given population
- **Targeted prevention-** subpopulation at risk for ed

Evidenced Based Programs

- Body Project - Stice
- Reflections – Tri Delta Sorority
- New Moves – Neumark- Sztainer



The Thin Ideal

- 
- Individual - Feel good about body
 - Skills
 - Environment

- 
- ### Topics of successful programs
- Healthy weight management
 - Harmful effects of unhealthy techniques
 - Coping skills/- resist thin ideal
 - Dealing with stress
 - Normative physical development
 - Building a positive self- self esteem
 - Relationship skills- self- image



- Peer resistance skills/Teasing
- Diversity of size
- Determinants of body size
- Social skills
- Communication skills
- Cognitive restructuring
- Dieting and non-dieting approach



- Dangers of short term weight loss
- Media literacy and activism
- Environmental interventions- vending machines, "body neutral gyms "
- Focus on health and enjoyment of activity, not weight
- Weightism and discrimination



- Natures and symptoms of eating disorders
- How to get help? Help a friend?
- Resources
- Relationship Food and feeling
- Cultural issues body image over time

Challenges :

A time to speak A time to be silent



Plymouth State University

- Eating Disorders Program- Graduate
 - Institute – 15 graduate credits
 - M.Ed. / Self Design
Health Education or Counselor Ed. with
Eating Disorders Specialty
- One of two programs in the country
- margaret@plymouth.edu
 - [http://www.plymouth.edu/graduate/eating disorders](http://www.plymouth.edu/graduate/eating_disorders)

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